Rhode Island Department of Health – Animal Bite Case Report

For office use only

Record number: _____ Rabies Number _____ Does this case involve human exposure?: ☐ Yes ☐ No

Summary and Disposition: _____

Name: Last: _____ First: _____

Address: Street: _____

City: _____ Zip Code: _____

Phone Number(s): Home: (_____) _____ - _____ Work: (_____) _____ - _____

Another Contact: Name: _____ Phone: (_____) _____ - _____

Important Information:

Gender: ☐ Male ☐ Female ☐ Unknown Date of Birth: _____ /_____ /_____ Age: _____ Weight: _____

Insurance Co.: _____

Human Exposure OR Incident Information:

Incident Date : _____ /_____ /_____ City/Town of Incident: _____ Report Date: _____ /_____ /_____

Reported By: _____ Phone: (_____) _____ - _____

Describe Incident: _____

(continue on back)

Exposing animal Information:

Type: ☐ Dog ☐ Cat ☐ Bat ☐ Racoon ☐ Skunk ☐ Other (*specify*): _____

Status (*check all that apply*): ☐ Captured ☐ Retrievable ☐Quarantined ☐Euthanized ☐ Lab Exam

Rabies Vaccination Status: ☐ UTD ☐ Not UTD ☐ Unknown ☐ Does Not Apply

Owner (if not victim): _____

Address: _____ Phone: (_____) _____ - _____

Wound Information:

Type: ☐ Bite – Penetration of the skin by teeth ☐ Scratch ☐ Abrasion ☐ Proximity (bats)

☐ Saliva of animal on wound lesions/mucosa

Location: ☐ Arm ☐ Leg ☐ Head/Neck ☐Trunk Specify Location:_____

Lab Exam:

Date of Report: _____ /_____ /_____ Exam Results: ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unable to Test

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Recommendations/treatment:

☐ No risk exposure – No Vaccine Recommended

☐ Low Risk Exposure – No Vaccine recommended

☐ Low Risk Exposure – Vaccine Released

☐ Patient Refused Vaccine

☐ High Risk Exposure HRIG and HDVC Recommended

☐ High Risk Exposure HDVC Recommended

by DOH Dr: _____

Dispensing Pharmacy: _____

Place of RX: _____

Return Form to:

Rhode Island Department of Health, Office of Communicable Disease, Room 106, Three Capitol Hill, Providence, RI 02908

Fax:(401) 222-2477

Signature: _____ Date: _____ /_____ /_____